



**DEPARTMENT OF
LABOR**
& INDUSTRIAL RELATIONS

P.O. Box 510
Jefferson City, MO 65102-0510
Phone: 573-751-3588 Fax: 573-751-3668
Email: HumanResources@labor.mo.gov
Website: labor.mo.gov

APPLICATION FOR EMPLOYMENT

Resumes are not accepted in lieu of a completed application.

Name (Last, First, Middle)		Social Security Number	
Email Address		Phone Number (Include Area Code)	
Mailing Address		Alternate Phone Number (Include Area Code)	
City	State	ZIP Code	
Title of Position(s) Applied For		List Location(s) in Missouri Where You Are Available for Employment	
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please provide company name and details.)</i>			
Do you have any objection to this Department contacting your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
You will be required to direct deposit your paycheck or receive a paycard in lieu of a paper check. Will you accept this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Failure to file all Missouri state income tax returns and pay all state income taxes owed may result in dismissal from employment. Will you accept this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In support of the U.S. Military Selective Service Act, the state of Missouri requires individuals employed by the state be registered with the Selective Service Administration. If you are a male, 18-26 years of age, and hired, will you meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do you have any relatives employed by the Department of Labor and Industrial Relations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list:			
The Department has a policy which does not permit hiring an individual who has fraudulently claimed Unemployment Insurance benefits. Your application will be checked against Department records regarding this policy.			
SKILLS			
List software at which you are proficient.		List office equipment you can operate efficiently.	
EDUCATION			
Are you a High School graduate or do you have an equivalency (GED) certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High School Attended (Name and Address)			
College Attended (Name and Address) COPY OF TRANSCRIPT MUST BE ATTACHED.			
Total College Semester Hours	Major	Degree Earned	
CERTIFICATES/LICENSES #: <i>Attach a copy of each certificate/license to practice a profession or occupation, as related to this position.</i>			

(Continue on Reverse)

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711*

EMPLOYMENT RECORD

Describe in detail all positions that you have had during the last ten years, starting with **most recent** employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.

Dates Employed (<i>Month and Year</i>)			Describe Job Duties _____ _____ _____ _____
From:		To:	
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (<i>Name and Title</i>)		Phone No.	
Employer Address			
City, State and ZIP			
Reason for Leaving			

Dates Employed (<i>Month and Year</i>)			Describe Job Duties _____ _____ _____ _____
From:		To:	
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (<i>Name and Title</i>)		Phone No.	
Employer Address			
City, State and ZIP			
Reason for Leaving			

Dates Employed (<i>Month and Year</i>)			Describe Job Duties _____ _____ _____ _____
From:		To:	
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (<i>Name and Title</i>)		Phone No.	
Employer Address			
City, State and ZIP			
Reason for Leaving			

Dates Employed (<i>Month and Year</i>)			Describe Job Duties _____ _____ _____ _____
From:		To:	
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (<i>Name and Title</i>)		Phone No.	
Employer Address			
City, State and ZIP			
Reason for Leaving			

CERTIFICATION: I certify that the information provided herein is true and complete to the best of my knowledge. I understand that deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.

Signature	Date
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